

Extended Specialty Services (>12 visits/calendar year)	
<input checked="" type="checkbox"/> Original	Original Committee Approval: December 3, 2008
<input type="checkbox"/> Revised	Last Committee Approval: December 3, 2008
	Last Review: December 2008

Background

Beginning in 2009, CHP will require prior authorization for any extension of any specialty service that exceeds 12 visits per calendar year. CHP is obligated to insure that its enrollees are clearly benefitting from extended specialty services, and that such services could not otherwise be provided by primary care providers in CHP's network.

Indications for Extensions

In all cases, the medical necessity for extensions of specialty care must clearly be established. Specifically:

- Therapy must be designed to achieve a specific, measurable, diagnosis-related goal for a patient
- There must be a reasonable expectation of achieving measurable improvement in a reasonable and predictable period of time
- The treatment provided must be effective and reasonable for the patient's diagnosis and physical condition
- There must be evidence that such specialty treatment clearly exceeds the usual and customary scope of services expected of a primary care provider

Additional Requirements for Referral

The referring provider (PCP) must submit the request for a specialty extension, and must provide justification for this.

Required Approvals

Prior authorization by the CHP Medical Director or his/her designee.